

# **EXHIBIT A**

## **Inmate File**

## COFFEE COUNTY JAIL

Ben Moates, Sheriff

Zack Ennis, Administrator



## INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate: JACKSON, CWDate: 7-2-03Receiving Officer: R. M. Momy

\*\*\*\*\*

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		X	
Arthritis		X	
Asthma		X	
Diabetes		X	
Epilepsy		X	
Fainting Spells		X	
Heart Condition		X	
Hepatitis		X	
High B/P		X	
Psychiatric Disorder		X	
Seizures		X	
Tuberculosis		X	
Ulcers		X	
Venereal Disease		X	
OTHER		X	

COFFEE COUNTY JAIL  
Ben Moates, Sheriff  
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 2

Name of Inmate: JACKSON CW  
Receiving Officer: R. Money

Date: 2-2-03

\*\*\*\*\*

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? N  
Are you currently taking any medications prescribed by a doctor? N  
Are you allergic to any medications? N  
Do you have any handicaps or conditions that limit activity? N  
Have you ever attempted suicide, or are you thinking about it at this time? N  
Do you regularly use alcohol? X  
Do you regularly use street drugs? N  
Do you have a diet prescribed by a doctor? N  
Do you have any problems with your teeth? Y  
Do you have medical insurance? N If yes, with whom? \_\_\_\_\_  
Do you have a personal doctor? N If yes, who is it? \_\_\_\_\_  
If you are female, are you Pregnant? \_\_\_\_\_  
If you are female, do you take birth control pills? \_\_\_\_\_  
If you are female, have you recently delivered? \_\_\_\_\_

\*\*\*\*\*

In case of an emergency, who do you want us to contact?

Name: Lizzie Jackson Relationship Sister  
Address: \_\_\_\_\_

Phone Number of Emergency Contact: No phone

Comments: \_\_\_\_\_  
\_\_\_\_\_

If any other explanations are needed, please continue on back of this page>>>>

**ENTERPRISE POLICE DEPARTMENT**  
**TRANSPORT SHEET (Coffee County Jail)**

DATE: 2-02, 20 02 TIME: 2:58 AM/PM

STATUS \_\_\_\_\_ STATE \_\_\_\_\_ FEDERAL \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY \_\_\_\_\_  
 (List Division if Coffee)

NAME: JACKSON C.W.  
 LAST FIRST MIDDLE

ADDRESS: 1413 PATTY CIR CITY ENTERPRISE AL ZIP CODE \_\_\_\_\_

POB: ENTERPRISE AL SSN: 420-80-5622 LICENSE \_\_\_\_\_

AGE: 49 SEX: M RACE BLK WEIGHT 185 HEIGHT 70

HAIR: BLK EYES: BLU DOB: 9-3-53

ARRESTED? YES: ☒ NO: \_\_\_\_\_ ARRESTING AGENCY: E.P.D.

TYPE OF ARREST: \_\_\_\_\_ WARRANT: \_\_\_\_\_ CALL: \_\_\_\_\_ ON-VIEW: ☒

ARRESTING OFFICER: KEL LOCATION: \_\_\_\_\_

OFFENSE(S): Ticket of Property 3rd MISDEMEANOR ☒ FELONY \_\_\_\_\_  
 MISDEMEANOR \_\_\_\_\_ FELONY \_\_\_\_\_  
 MISDEMEANOR \_\_\_\_\_ FELONY \_\_\_\_\_

TRANSFERRED FROM: E.P.D. HOLD FOR (agency): \_\_\_\_\_

RELEASE INFORMATION: \$500 Bond

SENTENCING INFORMATION: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

COMPLETED BY: B. B. BOOKED BY: \_\_\_\_\_

SEARCHED: \_\_\_\_\_ PHOTO \_\_\_\_\_  
 FINGERPRINTS: \_\_\_\_\_ GREEN CARD \_\_\_\_\_

ENTERPRISE POLICE DEPARTMENT  
TRANSPORT SHEET (Coffee County Jail)

DATE: 7-14, 20 03 TIME: 1607 AM/PM

STATUS \_\_\_\_\_ STATE \_\_\_\_\_ FEDERAL \_\_\_\_\_  
CITY \_\_\_\_\_ COUNTY \_\_\_\_\_  
(List Division if Coffee)

NAME: JACKSON Curtis  
LAST FIRST MIDDLE

ADDRESS: 204 WHITE ST. CITY Enterprise ZIP CODE 36330

POB: Enterprise, AL SSN: 917-16566 LICENSE \_\_\_\_\_

AGE: 24 SEX: M RACE Blk WEIGHT 135 HEIGHT 5'11"

HAIR: Blk EYES: BRN DOB: 12-01-78

ARRESTED? YES: \_\_\_\_\_ NO: \_\_\_\_\_ ARRESTING AGENCY: EPD

TYPE OF ARREST: \_\_\_\_\_ WARRANT: \_\_\_\_\_ CALL: \_\_\_\_\_ ON-VIEW: \_\_\_\_\_

ARRESTING OFFICER: JONES LOCATION: \_\_\_\_\_

OFFENSE(S): COMM. TRESPASS MISDEMEANOR \_\_\_\_\_ FELONY \_\_\_\_\_  
MISDEMEANOR \_\_\_\_\_ FELONY \_\_\_\_\_  
MISDEMEANOR \_\_\_\_\_ FELONY \_\_\_\_\_

TRANSFERRED FROM: EPD HOLD FOR (agency): \_\_\_\_\_

RELEASE INFORMATION: \$2272.00 / 151 DAYS

SENTENCING INFORMATION: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

COMPLETED BY: Brown BOOKED BY: \_\_\_\_\_

SEARCHED: \_\_\_\_\_ PHOTO \_\_\_\_\_  
FINGERPRINTS: \_\_\_\_\_ GREEN CARD \_\_\_\_\_

**ENTERPRISE POLICE DEPARTMENT**  
**TRANSPORT SHEET (Coffee County Jail)**

DATE: 11-01, 20 03 TIME: 1724 AM/PM

STATUS \_\_\_\_\_ STATE \_\_\_\_\_ FEDERAL \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY \_\_\_\_\_  
 (List Division if Coffee)

NAME: TARKSON C.W.  
 LAST FIRST MIDDLE

ADDRESS: 1314 PETTYVILLE CITY Enterprise ZIP CODE \_\_\_\_\_

POB: Coffee Co. AL SSN: 420-80-562 LICENSE \_\_\_\_\_

AGE: 50 SEX: M RACE BLK WEIGHT 170 HEIGHT 71"

HAIR: BLK EYES: BRN DOB: 9-3-53

ARRESTED? YES: ✓ NO: \_\_\_\_\_ ARRESTING AGENCY: E.P.D.

TYPE OF ARREST: \_\_\_\_\_ WARRANT: \_\_\_\_\_ CALL: \_\_\_\_\_ ON-VIEW: ✓

ARRESTING OFFICER: MADONALDO LOCATION: \_\_\_\_\_

OFFENSE(S): POSSESSING PERMITS MISDEMEANOR ✓ FELONY \_\_\_\_\_  
RECEIVING STOLEN PROPERTY MISDEMEANOR ✓ FELONY \_\_\_\_\_  
 \_\_\_\_\_ MISDEMEANOR \_\_\_\_\_ FELONY \_\_\_\_\_

TRANSFERRED FROM: E.P.D. HOLD FOR (agency): \_\_\_\_\_

RELEASE INFORMATION: \$500 X2

SENTENCING INFORMATION: Florida Has an Active Warrant  
(F.T.A) and will EXTRADITE

COMMENTS: \_\_\_\_\_

COMPLETED BY: J. Rood BOOKED BY: \_\_\_\_\_

SEARCHED: \_\_\_\_\_ PHOTO \_\_\_\_\_  
 FINGERPRINTS: \_\_\_\_\_ GREEN CARD \_\_\_\_\_

COFFEE COUNTY JAIL  
Ben Moates, Sheriff  
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate: Jackson C.W.

Date: 11-1-03

Receiving Officer: C. Lamb

\*\*\*\*\*

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fainting Spells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Heart Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hepatitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
High B/P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Psychiatric Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ulcers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Venereal Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

COFFEE COUNTY JAIL  
Ben Moates, Sheriff  
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 2

Name of Inmate: Jackson, C. W.

Date: 11-1-03

Receiving Officer: C. Lamb  
\*\*\*\*\*

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? N

Are you currently taking any medications prescribed by a doctor? N

Are you allergic to any medications? N

Do you have any handicaps or conditions that limit activity? N

Have you ever attempted suicide, or are you thinking about it at this time? N

Do you regularly use alcohol? N

Do you regularly use street drugs? N

Do you have a diet prescribed by a doctor? N

Do you have any problems with your teeth? N

Do you have medical insurance? N If yes, with whom? \_\_\_\_\_

Do you have a personal doctor? N If yes, who is it? \_\_\_\_\_

If you are female, are you Pregnant? N

If you are female, do you take birth control pills? N

If you are female, have you recently delivered? N  
\*\*\*\*\*

In case of an emergency, who do you want us to contact?

Name: Talisa Jackson Relationship Sister

Address: \_\_\_\_\_

Phone Number of Emergency Contact: 348-2826

Comments: \_\_\_\_\_

If any other explanations are needed, please continue on back of this page>>>

I, Jackson, C. W. authorize the Jail Staff access to my medical information.

C. W. Jackson  
Signature

11-1-03  
Date



## COFFEE COUNTY JAIL

Ben Moates, Sheriff

Zack Ennis, Administrator



## INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate: Jackson C. W.Date: 1-03-03Receiving Officer: Baxley

\*\*\*\*\*

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		<input checked="" type="checkbox"/>	
Arthritis		<input checked="" type="checkbox"/>	
Asthma		<input checked="" type="checkbox"/>	
Diabetes		<input checked="" type="checkbox"/>	
Epilepsy		<input checked="" type="checkbox"/>	
Fainting Spells		<input checked="" type="checkbox"/>	
Heart Condition		<input checked="" type="checkbox"/>	
Hepatitis		<input checked="" type="checkbox"/>	
High B/P		<input checked="" type="checkbox"/>	
Psychiatric Disorder		<input checked="" type="checkbox"/>	
Seizures		<input checked="" type="checkbox"/>	
Tuberculosis		<input checked="" type="checkbox"/>	
Ulcers		<input checked="" type="checkbox"/>	
Venereal Disease		<input checked="" type="checkbox"/>	
OTHER		<input checked="" type="checkbox"/>	

COFFEE COUNTY JAIL  
Ben Moates, Sheriff  
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET  
Page # 2

Name of Inmate: \_\_\_\_\_

Date: 11-3-03

Receiving Officer: \_\_\_\_\_  
\*\*\*\*\*

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? Y

Are you currently taking any medications prescribed by a doctor? Y

Are you allergic to any medications? Y

Do you have any handicaps or conditions that limit activity? Y

Have you ever attempted suicide, or are you thinking about it at this time? Y

Do you regularly use alcohol? Y

Do you regularly use street drugs? Y

Do you have a diet prescribed by a doctor? Y

Do you have any problems with your teeth? Y

Do you have medical insurance? Y If yes, with whom? \_\_\_\_\_

Do you have a personal doctor? Y If yes, who is it? \_\_\_\_\_

If you are female, are you Pregnant? Y

If you are female, do you take birth control pills? Y

If you are female, have you recently delivered? Y

\*\*\*\*\*

In case of an emergency, who do you want us to contact?

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number of Emergency Contact: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If any other explanations are needed, please continue on back of this page>>>

[Signature] authorize the Jail Staff access to my medical information.

[Signature] 11-03-03  
Signature Date

**ENTERPRISE POLICE DEPARTMENT**  
**TRANSPORT SHEET (Coffee County Jail)**

DATE: Nov 3, 2003 TIME: 1340 AM/PM

STATUS \_\_\_\_\_ STATE \_\_\_\_\_ FEDERAL \_\_\_\_\_  
 CITY Enterprise COUNTY \_\_\_\_\_  
 (List Division if Coffee)

NAME: Jackson CW  
 LAST FIRST MIDDLE

ADDRESS: 107 Petty Circle CITY Enterprise ZIP CODE 36330

POB: Enterprise SSN: 420-80-5677 LICENSE AL# 3656635

AGE: 50 SEX: M RACE B WEIGHT 148 HEIGHT 5-08

HAIR: BLK EYES: BRO DOB: 09-03-53

ARRESTED? YES: ☒ NO: \_\_\_\_\_ ARRESTING AGENCY: EPD

TYPE OF ARREST: \_\_\_\_\_ WARRANT: \_\_\_\_\_ CALL: ✓ ON-VIEW: \_\_\_\_\_

ARRESTING OFFICER: Haglund LOCATION: 200 Block Sunny South

OFFENSE(S): Theft of Property MISDEMEANOR ☒ FELONY \_\_\_\_\_  
Resisting Arrest MISDEMEANOR \_\_\_\_\_ FELONY \_\_\_\_\_  
 MISDEMEANOR \_\_\_\_\_ FELONY \_\_\_\_\_

TRANSFERRED FROM: \_\_\_\_\_ HOLD FOR (agency): \_\_\_\_\_

RELEASE INFORMATION: \$500 standard per offense

SENTENCING INFORMATION: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

COMPLETED BY: Haglund BOOKED BY: \_\_\_\_\_

SEARCHED: \_\_\_\_\_ PHOTO \_\_\_\_\_  
 FINGERPRINTS: \_\_\_\_\_ GREEN CARD \_\_\_\_\_

COFFEE COUNTY JAIL  
Ben Moates, Sheriff  
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate: C.W. Jackson

Date: 12-13-2003  
~~08-03~~

Receiving Officer: R. Holland

\*\*\*\*\*

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		X	
Arthritis		X	
Asthma		X	
Diabetes		X	
Epilepsy		X	
Fainting Spells		X	
Heart Condition		X	
Hepatitis		X	
High B/P		X	
Psychiatric Disorder		X	
Seizures		X	
Tuberculosis		X	
Ulcers		X	
Venereal Disease		X	
OTHER		X	

COFFEE COUNTY JAIL  
Ben Moates, Sheriff  
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET  
Page # 2

Name of Inmate: C.W. Jackson

Date: 12-7-2007

Receiving Officer: C. Holden  
\*\*\*\*\*

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? Y

Are you currently taking any medications prescribed by a doctor? Y

Are you allergic to any medications? Y

Do you have any handicaps or conditions that limit activity? Y Injured leg

Have you ever attempted suicide, or are you thinking about it at this time? Y

Do you regularly use alcohol? Y

Do you regularly use street drugs? Y

Do you have a diet prescribed by a doctor? Y

Do you have any problems with your teeth? Y

Do you have medical insurance? Y If yes, with whom? Medicaid

Do you have a personal doctor? Y If yes, who is it? Dr. Smith

If you are female, are you Pregnant? N

If you are female, do you take birth control pills? N

If you are female, have you recently delivered? N

\*\*\*\*\*

In case of an emergency, who do you want us to contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number of Emergency Contact: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ If any other explanations are needed, please continue on back of this page>>>

I, \_\_\_\_\_ authorize the Jail Staff access to my medical information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ENTERPRISE POLICE DEPARTMENT  
TRANSPORT SHEET (Coffee County Jail)

DATE: 12/13 . 2003TIME: 2:15 AM/PM

STATUS

STATE

FEDERAL

CITY

COUNTY

(List Division if Coffee)

NAME: JacksonC. W.

LAST

FIRST

MIDDLE

ADDRESS: 131 Petty CR CITY Enterprise ZIP CODE 360330POB: Enterprise SSN: 421-80-5677 LICENSE 3656635AGE: 50 SEX: M RACE B WEIGHT 145 HEIGHT 5'08"HAIR: Blk EYES: BRBDOB: 09/10/53ARRESTED? YES: X NO:     ARRESTING AGENCY: Enterprise Police Dept

TYPE OF ARREST:

WARRANT:     CALL: XON-VIEW: XARRESTING OFFICER: Nathan Aniswold LOCATION:     

OFFENSE(S): Theft of Property III MISDEMEANOR X FELONY       
drug paraphernalia MISDEMEANOR X FELONY       
giving false identity to obstruct justice MISDEMEANOR      FELONY X

TRANSFERRED FROM: SPD HOLD FOR (agency):     RELEASE INFORMATION:     SENTENCING INFORMATION:     COMMENTS:     COMPLETED BY: Aniswold BOOKED BY:     

SEARCHED:      PHOTO       
 FINGERPRINTS:      GREEN CARD

2

Coffee County Jail  
Ben Moates, Sheriff  
Zack Ennis, Administrator

### Grievance Form

Your Name: CW. JENSEN

Date of Incident Leading to Complaint: 1-27-2004

**STATEMENT:** THIS DOCTOR LOOK AT MY FEET  
AND SAID HE NEVER SEEN NOTHING LIKE THAT IN  
HIS LIFE. HE SAID HE WOULD GET THE SOMETHING  
TO BE FOR A WEEK THEN BRING ME BACK, BUT  
I KNOW THAT THEY WAS NOT AND HE DID TO  
IT WAS NOT GOING TO WORK. THEY THEY NOT  
NOT GOING TO WORK. THEY GOT ME BACK IN JAN  
THEY WILL SAY THEY TOOK ME TO THE DOCTOR. IN  
THEY THEY WOULD CARE ABOUT ME NO MORE.  
MY FEET IS CRACK OPEN AND I AM WHEN I WAS  
BUT NO ONE HERE CARES. OK I AM GOING  
TO DO WHAT I GOT TO DO NOW. MY  
PEOPLE KNOW ABOUT ALL OF THIS NOW  
SOMEONE WILL SEE A LAWYER HERE REAL

List of Witnesses, if any: EMMILL Jones

2 JOE CHAM

2 Mr. TOWNSEND

1 Sean Balaban

Place Grievance in an envelope, your name on outside of envelope, and give to CO who will see it gets to the Jail Administrator.

Coffee County Jail  
Ben Moates, Sheriff  
Zack Ennis, Administrator

### Grievance Form

Your Name: CW. SACERSON

Date of Incident Leading to Complaint: 27-2004

**STATEMENT:** I BEEN WORKING BECAUSE I BEEN  
BIT BY A SPIDER IN MY CELL AND THIDIDIT  
BOUT ANY THING DONE I HAVE IT TAKING  
TO SOME OF THE POLICE I KNOW ALL THE POLICE  
HERE KNOW THAT IT IS WOULD TO LIST SOMEONE  
GET BACK HERE AND DO NOT HAVE AT ALL.  
I GOT BIT ON MY PHONE PART AND IT LOOK  
LIKE IT IS BLOWN OFF. I TRI TO TALK SOME  
OF THE ~~THINGS~~ JAILERS AND THEY TELL ME  
THERE NOTHING THEY CAN DO. I HAD TO GET  
THE DOCTOR AND HE DID NOT DO ANYTHING  
HE TOLD ME ~~THAT~~ I HAVE TO TAKE IT  
4-2-2-2-2-2 I HAVE CLIMBED AND GOT  
DOWN. I DID NOT EVEN GIVE ME NOTHING FOR  
PAIN. NOW IT 2-3-DAY I GOT A HOLE ON THE SIDE OF MY PRIVE

List of Witnesses, if any:

1 Emmitt Jones

2 Joe Chism - 3 Mafin Townsend

4 Leon Baldwin

PRIVE  
PART  
AND  
MAY  
BE

Place Grievance in an envelope, your name on outside of envelope, and give to CO who will see it gets to the Jail Administrator.

AND TWO OF THE JAILER  
HERE KNOW ABOUT ALL OF THIS TOO.



**COFFEE COUNTY (ALA.) JAIL**  
**PATIENT RECORD**

Name C.W. Jackson Date 1-28-04 Time 1:30 <sup>AM</sup><sub>PM</sub>

Address \_\_\_\_\_ Age \_\_\_\_\_ Sex Male

☒ County Prisoner ☐ State Prisoner ☐ Other WCPA 1st/76

Complaint: Dr. Dept. Pleurisy to back, R. chest area  
neck, shoulder, chest, back right - 17-04, AH, C.P. this day  
then to back & bottom of feet,

History of Complaint: \_\_\_\_\_

Doctor Impression:	Treatment:
<u>Dr. Dept. Pleurisy</u> <u>neck skin both feet</u>	<u>Treatment 0.55% bnf</u> <u>Wc wright (cane) straighten</u> <u>bnf</u> <u>Richard 3 w/br</u>
<u>Richard 3 w/br</u> Doctor Signature	

Quality Printing Co.



COFFEE COUNTY JAIL  
BEN MOATES, SHERIFF  
ZACK ENNIS, ADMINISTRATOR ..  
phone: 334-894-5535  
fax: 334-894-6231

MEDICAL TRANSPORT SHEET

Date: 1-28-04

Name of Inmate: C.W. Jackson

Reason for Medical Care: Dr. Aspt.

Transported From: Coffee County Jail

Transported To: Dr. Cochran

Time of Transport: 1330

Transporting Officer: D. Copen

Inmate Classification (Check One)

Federal ☐

State ☐

County ☒

(City) Enterprise ☐ Elba ☐ New Brockton ☐ Kinston ☐

\*This form to be completed for each inmate receiving any medical treatment

Copen

## BLOOD PRESSURE RECORD

[illegible]

DATE MED OUT w/NO REFILL \_\_\_\_\_

COFFEE COUNTY (ALA.) JAIL  
PATIENT RECORD

Name Jackson C.W. Date 6-30-04 Time 1:30 PM A.M.

Address \_\_\_\_\_ Age \_\_\_\_\_ Sex Male

☒ County Prisoner ☐ State Prisoner ☐ Other \_\_\_\_\_

Complaint: Doctor Asst.

History of Complaint: \_\_\_\_\_

Doctor Impression: \_\_\_\_\_

Treatment: \_\_\_\_\_

[Signature]  
Doctor Signature

3 1st #3 med  
Gr 4 #3 med  
OB #3 med

Quality Printing Co.



COFFEE COUNTY JAIL  
BEN MOATES, SHERIFF  
ZACK ENNIS, ADMINISTRATOR  
phone: 334-894-5535  
fax: 334-894-6231

MEDICAL TRANSPORT SHEET

Date: 6-30-04

Name of Inmate: C.W. JACKSON

Reason for Medical Care: DENTIST APPT.

Transported From: COFFEE COUNTY JAIL

Transported To: DR. FARRIS

Time of Transport: 1330

Transporting Officer: D. CUDEN

Inmate Classification (Check One)

Federal \_\_\_\_\_  
State \_\_\_\_\_  
County ✓ \_\_\_\_\_  
(City) Enterprise \_\_\_\_\_ Elba \_\_\_\_\_ New Brockton \_\_\_\_\_ Kinston \_\_\_\_\_

\*This form to be completed for each inmate receiving any medical treatment

Cuden



COFFEE COUNTY JAIL  
BEN MOATES, SHERIFF  
ZACK ENNIS, ADMINISTRATOR  
phone: 334-894-5535  
fax: 334-894-6231

MEDICAL TRANSPORT SHEET

Date: 6-30-04

Name of Inmate: C.W. JACKSON

Reason for Medical Care: DENTIST APPT.

Transported From: COFFEE COUNTY JAIL

Transported To: DR. FARRO

Time of Transport: 1330

Transporting Officer: D. CUDEN

Inmate Classification (Check One)

Federal \_\_\_\_\_  
State \_\_\_\_\_  
County ✓ \_\_\_\_\_  
(City) Enterprise \_\_\_\_\_ Elba \_\_\_\_\_ New Brockton \_\_\_\_\_ Kinston \_\_\_\_\_

\*This form to be completed for each inmate receiving any medical treatment

C. Ennis

# COFFEE COUNTY (ALA.) JAIL

## PATIENT RECORD

Name Jackson C.W. Date 6-30-04 Time 3:30 <sup>A.M.</sup> ~~P.M.~~

Address \_\_\_\_\_ Age \_\_\_\_\_ Sex MALE

☒ County Prisoner ☐ State Prisoner ☐ Other \_\_\_\_\_

Complaint: Dental Abs.

History of Complaint: \_\_\_\_\_

Doctor Impression: [Signature] Doctor Signature

Treatment: 3 Xc-ray #3 Ex #7 CB Am #31 pull

Quality Printing Co.



ACA STANDARD FORM 2-2133

3

FEDERAL \_\_\_\_\_

STATE

COUNTY 2

CITY \_\_\_\_\_

[illegible]

DATE IN FOR REFILL

DATE REFILLED \_\_\_\_\_

DATE MED OUT W/NO REFILL

7-1-204

Coffee County Jail  
Ben Moates, Sheriff  
Zack Ennis, Administrator

## INTAKE SHEET

Date 02-07-06

Time: \_\_\_\_\_

Status: ST \_\_\_\_\_ FED \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY ✓ COFFEE CO: Ent Div Elba DivName: Jackson C.W. SS#: 920-80-5677  
Last First MiddleAddress: 107 Kelly Cir. Eprisa A 3633  
Street City State Zip CodeDOB: 09/03/53 POB: Eprisa Coffee GA  
City County State CountryAge: 50 Race: B Sex: M Hair: Blk Eyes: Brn Weight: 185 Height: 5'10"

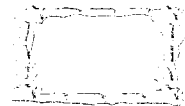
License or ID #: \_\_\_\_\_

Arresting Agency: CCSO Arresting Officer: H. Petty Location of Arrest: EprisaType of Arrest: Warrant ✓ Call \_\_\_\_\_ View \_\_\_\_\_

Offense	Mis	Fel	Bond
1-- <u>Will Full Engle R</u>			<u>\$500.00</u>
2--			
3--			
4--			

HOLDS: \_\_\_\_\_

INTAKE SHEET NUMBER

This form completed by: H. Petty

Booked by: \_\_\_\_\_ Searched Y/N Photo Y/N FPs Y/N Green Card Y/N

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COFFEE COUNTY JAIL

Ben Moates, Sheriff

Zack Ennis, Administrator



## INMATE MEDICAL SCREENING SHEET

Page # 1

Name of Inmate: Jackson, CWDate: 9-19-2004Receiving Officer: Mumley

\*\*\*\*\*

Do you, or have you ever had any of the following?

	Yes	No	If yes, give explanation if needed
Allergies		X	
Arthritis		X	
Asthma		X	
Diabetes		X	
Epilepsy		X	
Fainting Spells		X	
Heart Condition		X	
Hepatitis		X	
High B/P		X	
Psychiatric Disorder		X	
Seizures		X	
Tuberculosis		X	
Ulcers		X	
Venereal Disease		X	
OTHER		X	

COFFEE COUNTY JAIL  
Ben Moates, Sheriff  
Zack Ennis, Administrator



INMATE MEDICAL SCREENING SHEET  
Page # 2

Name of Inmate: Jackson C.W.

Date: 9-19-2004

Receiving Officer: Munby \*\*\*\*\*

Answer the following questions Y (Yes) or N (No):

Have you recently been hospitalized or treated by a doctor? N

Are you currently taking any medications prescribed by a doctor? N

Are you allergic to any medications? N

Do you have any handicaps or conditions that limit activity? N

Have you ever attempted suicide, or are you thinking about it at this time? N

Do you regularly use alcohol? N

Do you regularly use street drugs? N

Do you have a diet prescribed by a doctor? N

Do you have any problems with your teeth? N

Do you have medical insurance? N If yes, with whom? \_\_\_\_\_

Do you have a personal doctor? N If yes, who is it? \_\_\_\_\_

If you are female, are you Pregnant? \_\_\_\_\_

If you are female, do you take birth control pills? \_\_\_\_\_

If you are female, have you recently delivered? \_\_\_\_\_

\*\*\*\*\*

In case of an emergency, who do you want us to contact?

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number of Emergency Contact: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ If any other explanations are needed, please continue on back of this page>>>

I, \_\_\_\_\_ authorize the Jail Staff access to my medical information.

Signature

Date

DESXIMETASONE CR, 25%

Spicy & Nasty

ACA STANDARD FORM 2-2133

CB 2

STATE

COUNTY

CITY

DATE MED OUT W/NO REFILL \_\_\_\_\_

ENTERPRISE POLICE DEPARTMENT  
TRANSPORT SHEET (Coffee County Jail)

DATE: 9-19 2004TIME: 2:14 AM/PM

STATUS

STATE

CITY

FEDERAL

COUNTY

(List Division if Coffee)

NAME:

JACKSONC.W

LAST

FIRST

MIDDLE

ADDRESS:

131 Petty Creek

CITY

Enterprise AL

ZIP CODE

POB:

Enterprise AL

SSN:

420-805672

LICENSE

AGE:

SEX:

M

RACE:

BLK

WEIGHT:

170

HEIGHT:

71"

HAIR:

BLK

EYES:

BRN

DOB:

9-3-53ARRESTED? YES: ☒ NO: ☐

ARRESTING AGENCY:

E.P.D.

TYPE OF ARREST:

WARRANT:

CALL:

ON-VIEW:

☒

ARRESTING OFFICER:

WATSON

LOCATION:

OFFENSE(S):

BURGLARY III

MISDEMEANOR

FELONY

MISDEMEANOR

FELONY

MISDEMEANOR

FELONY

TRANSFERRED FROM:

E.P.D.

HOLD FOR (agency):

RELEASE INFORMATION:

BOND SET BY JUDGE

SENTENCING INFORMATION:

COMMENTS:

COMPLETED BY:

J. Rooker

BOOKED BY:

SEARCHED:

PHOTO

FINGERPRINTS:

GREEN CARD



**COFFEE COUNTY JAIL**  
**BEN MOATES, SHERIFF**  
**ZACK ENNIS, ADMINISTRATOR**  
phone: 334-894-5535  
fax: 334-804-6231

*Copy*

**MEDICAL TRANSPORT SHEET**

Date: 12-21-04

Name of Inmate: C. W. Jackson

Reason for Medical Care: Dr. App.

Transported From: Coffee Co. Jail

Transported To: Dr. Cochran

Time of Transport: 0940

Transporting Officer: S. Roberts

**Inmate Classification (Check One)**

Federal \_\_\_\_\_

State \_\_\_\_\_

County X

(City) Enterprise \_\_\_\_\_ Elba \_\_\_\_\_ New Brockton \_\_\_\_\_ Kinston \_\_\_\_\_

\*This form to be completed for each inmate receiving any medical treatment

# COFFEE COUNTY (ALA.) JAIL

## PATIENT RECORD

Name C.W. JACKSON Date 12-21-04 Time 10:00 A.M. P.M.

Address \_\_\_\_\_ Age \_\_\_\_\_ Sex Male

☒ County Prisoner ☐ State Prisoner ☐ Other UKDA 12/21/96

Complaint: Wants to check up. He states his prostate cancer  
is 41 years ago. His legs are dry & cracked.

History of Complaint: \_\_\_\_\_

Doctor Impression: <u>Hyperkalemia</u>	Treatment:
<u>11.8.04</u>	<u>1) PSA done</u> <u>2) Patient took to fast bed</u> <u>3) New foot pads to wear on the (shoe)</u> <u>4) sent to medical 14</u>

Doctor Signature \_\_\_\_\_ Quality Printing Co.



HENRY S. COCHRAN, M.D.

OFFICE  
1208 HIGHLAND DRIVE  
ELBA, ALABAMA 36323

DEA NO. AC7370606  
ALA. REG. NO. 7628

OFFICE PHONE  
897-3416

For C. W. Jackson

Address 12/21/04

R

One Dr. Schick  
first pain

Sig. is thin

Second

See you

Sig. is good  
24

LABEL ALL RX'S

REFILL 0 1 2 3 4 5

H. S. Cochran M.D.  
PRESCRIPTION SUBSTITUTION PERMITTED

Dispense as written M.D.  
DISPENSE AS WRITTEN

C. W. JACKSON

Coffee County Jail  
New Brockton, AL.

Faxed  
12-21-04

FEDERAL

STATE

COUNTY

CITY

Jan

۱۷۸

AMOUNT ISSUED

INMATE'S SIGNATURE

OFFICER'S SIGNATURE

12.22.04

2

2021

15a

1

745

100

DATE REFILLED

DATE MED OUT W/NO REFILL

Foot file

1- Foot Side

ACA STANDARD FORM 2-2133

MEDICATION SHEET

2

STATE

COUNTY

CITY

~~OFFICER'S SIGNATURE~~

5.2 charts

DATE MED OUT w/NO REFUT. J.



COFFEE COUNTY JAIL

ACA STANDARD FORM 2-2133

MEDICATION SHEET

CR 2

FEDERAL

STATE

COUNTY

CITY

*C. W. Jackson*

*Kaselline Pet Jolly*

*1 Jar*

*145*

DATE

YR

TIME ISSUED

AMOUNT ISSUED

INMATE'S SIGNATURE

OFFICER'S SIGNATURE

*2-29-04*

*04*

*1200*

*1 Jar*

*W. Jackson*

*(145) S. Roberts*

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT w/NO REFILL

**MEDICATION INFORMATION FORM****FACILITY/CODE: COFFEE CO JAIL (AL)(CF)**

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY

LAST NAME:

Jackson

FIRST NAME:

C.W.

CIRCLE ONE: CITY

COUNTY

STATE

FEDERAL

BILL TO:

(IF DIFFERENT ACCOUNT)

ALIAS IF KNOWN:

SS #:

ALLERGY:

CELL BLOCK:

BOOK IN #:

INS #:

DRUG NAME

STRENGTH

DIRECTIONS

PHYSICIAN

HOUR(S)  
GIVENSTART  
DATE

QTY.

REFILL  
S

REORDER

R.N./L.P.N. SIGNATURE:

/FORMS/MD INFO FORM Q13013XOC

M.D. SIGNATURE:

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE ADDRESSEE LISTED ABOVE. IF YOU ARE NEITHER THE INTENDED RECIPIENT, EMPLOYEE NOR AGENT OF THE ADDRESSEE, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION ETC., IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL (800) 938-1111.

IHS Pharmacy

Independent Health Services, Inc.  
Post Office Box 1428  
Rainsville, AL 35986Phone: 1(800)638-3104  
Fax: 1(800)638-9459

S. Robert

1-10-05

ACA STANDARD FORM 2-2133



2

STATE

COUNTY

CITY

THS

INMATE'S SIGNATURE

OFFICER'S SIGNATURE

1502

Ch. J. Cleary

7#5 5. Polart

[illegible]

DATE IN FOR REFILL \_\_\_\_\_

DATE REFILLED \_\_\_\_\_

DATE MED OUT w/NO RETUL

Coffee County Jail  
Ben Moates, Sheriff  
Zack Ennis, Administrator

## Foot soaking Log

Name of Inmate: C. W. Jackson

Date	Time	Sign of Inmate	Sign of CO
12/23/04	1335	CW JACKSON	S. Roberts
12/24/04	1335	CW JACKSON	D. Ciper
12-27-04	1245	CW JACKSON	S. Roberts
12-28-04	1310	CW JACKSON	S. Roberts
12-28-04	1810	CW JACKSON	M. Tolbert
12-28-04	1240	CW JACKSON	S. Roberts
12-29-04	1930	CW JACKSON	M. Tolbert
12/29/04	1955	CW JACKSON	M. Tolbert
12/29/04	1520	CW JACKSON	D. Ciper
1-1-05	1255	CW JACKSON	S. Roberts
1-3-05	1240	CW JACKSON	S. Roberts
1-3-05	1745	CW JACKSON	M. Tolbert
1-4-05	1300	CW JACKSON	S. Roberts
1-11-05	0443	CW JACKSON	D. Ciper
1-12-05	1250	CW JACKSON	S. Roberts
1-15-05	0800	CW JACKSON	D. Ciper
1-17-05	1240	CW JACKSON	S. Roberts
1-18-05	1335	CW JACKSON	D. Ciper
1-19-05	1225	CW JACKSON	D. Ciper
1-21-05	1302	CW JACKSON	D. Ciper





COFFEE COUNTY (ALA.) JAIL  
PATIENT RECORD

Name C.W. Jackson Date 3-11-05 Time 1030 <sup>A.M.</sup> ~~P.M.~~  
Address \_\_\_\_\_ Age 51 Sex Male

☒ County Prisoner ☐ State Prisoner ☐ Other

Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor Impression:

[Signature]  
Doctor Signature

Treatment:

Admit 10/6/00  
2 X-ray P.M.  
#18 Ext  
#5 Med Am

Quality Printing Co.



*Copy*

**COFFEE COUNTY JAIL  
BEN MOATES, SHERIFF  
ZACK ENNIS, ADMINISTRATOR**

phone: 334-894-5535

fax: 334-804-6231

**MEDICAL TRANSPORT SHEET**

Date: 3-11-05

Name of Inmate: C. W. Jackson

Reason for Medical Care: Dentist Appt.

Transported From: Coffee County Jail

Transported To: Dr. Farris

Time of Transport: 10:00

Transporting Officer: D. Copen

**Inmate Classification (Check One)**

Federal \_\_\_\_\_

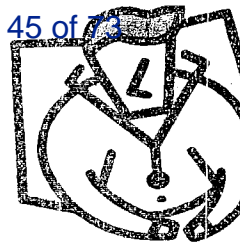
State \_\_\_\_\_

County X

(City) Enterprise \_\_\_\_\_ Elba \_\_\_\_\_ New Brockton \_\_\_\_\_ Kinston \_\_\_\_\_

\*This form to be completed for each inmate receiving any medical treatment





# BLOOD PRESSURE RECORD

Name of Inmate: C.W. Jackson

[illegible]

COFFEE COUNTY (ALA.) JAIL  
PATIENT RECORD

Name C. W. Jackson Date 6-2-05 Time 10:00 A.M. P.M.

Address \_\_\_\_\_ Age \_\_\_\_\_ Sex M

☒ County Prisoner ☐ State Prisoner ☐ Other \_\_\_\_\_

Complaint: Tooth ache.

History of Complaint: \_\_\_\_\_

\_\_\_\_\_ Kent 10/6/98

Doctor Impression: <u>[Signature]</u> Doctor Signature	Treatment: <u>#19 X-ray</u> <u>#19 B X-ray</u>
--	--

Quality Printing Co.



Copy

**COFFEE COUNTY JAIL**  
**BEN MOATES, SHERIFF**  
**ZACK ENNIS, ADMINISTRATOR**

phone: 334-894-5535

fax: 334-804-6231

**MEDICAL TRANSPORT SHEET**

Date: 6-2-05

Name of Inmate: C. W. Jackson

Reason for Medical Care: Toothache

Transported From: Coffee Co. Jail

Transported To: Dr. Farris (E.I.S.A.)

Time of Transport: 10:00 am

Transporting Officer: C. Digger

**Inmate Classification (Check One)**

Federal ☐

State ☐

County ☒

(City) Enterprise ☐ Elba ☐ New Brockton ☐ Kinston

\*This form to be completed for each inmate receiving any medical treatment

COFFEE COUNTY (ALA.) JAIL  
PATIENT RECORD

Name C.W. Jackson Date 6/14/06 Time 300 P.M. <sup>A.M.</sup>

Address \_\_\_\_\_ Age \_\_\_\_\_ Sex Male

☒ County Prisoner ☐ State Prisoner ☐ Other \_\_\_\_\_

Complaint: Deriv's Appt.

History of Complaint: \_\_\_\_\_

Doctor Impression: \_\_\_\_\_

[Signature] #18 copied  
\_\_\_\_\_ [Signature]  
Doctor Signature

Quality Printing Co.





**COFFEE COUNTY JAIL**  
**BEN MOATES, SHERIFF**  
**ZACK ENNIS, ADMINISTRATOR**

phone: 334-894-5535  
fax: 334-804-6231

**MEDICAL TRANSPORT SHEET**

Date: 6/14/05

Name of Inmate: C.W. Jackson

Reason for Medical Care: Dental Appt.

Transported From: Coffee County Jail

Transported To: Dr. Farrow

Time of Transport: 1300

Transporting Officer: D. Copen

**Inmate Classification (Check One)**

Federal ☐

State ☐

County ☒

(City) Enterprise ☐ Elba ☐ New Brockton ☐ Kinston

\*This form to be completed for each inmate receiving any medical treatment

Copen

# COFFEE COUNTY (ALA.) JAIL PATIENT RECORD

Name C.W. Jackson Date 4-28-05 Time 1300 <sup>A.M.</sup>~~P.M.~~

Address \_\_\_\_\_ Age \_\_\_\_\_ Sex Male

☒ County Prisoner ☐ State Prisoner ☐ Other \_\_\_\_\_

Complaint: Verbal Abuse

History of Complaint: \_\_\_\_\_

Doctor Impression: \_\_\_\_\_ Treatment: \_\_\_\_\_

[Signature] [Signature]  
Doctor Signature

*[Handwritten signature]*

This form to be completed for each inmate receiving any medical treatment

Federal \_\_\_\_\_  
State \_\_\_\_\_  
County W \_\_\_\_\_  
City/Enterprise \_\_\_\_\_  
Elba \_\_\_\_\_  
New Brockton \_\_\_\_\_  
Kinston \_\_\_\_\_

Inmate Classification (Check One)

Transported From: COFFEE COUNTY JAIL  
Transported To: Dr. Roberts  
Time of Transport: 1300  
Transporting Officer: A. Cohen

Name of Inmate: C.W. Jackson  
Reason for Medical Care: Dentist Appt.

Date: 6/28/05

MEDICAL TRANSPORT SHEET

COFFEE COUNTY JAIL  
BEN MOATES, SHERIFF  
ZACK ENNIS, ADMINISTRATOR  
phone 334-894-5535  
fax 334-894-0261



NAME: C. W. JACKSON	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: Hydrocodone	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: 1 tab 4 x 4 Day	MEDICATION SHEET	COUNTY:
	CELL BLOCK 2	CITY:

[illegible]

The figure consists of 15 small, vertically stacked line drawings of a fish's head in profile, focusing on the mouth area. The drawings illustrate the stages of a feeding strike:

- 1. Mouth closed, small opening.
- 2. Mouth slightly open.
- 3. Mouth open, showing the tongue.
- 4. Mouth open, showing the tongue.
- 5. Mouth open, showing the tongue.
- 6. Mouth open, showing the tongue.
- 7. Mouth open, showing the tongue.
- 8. Mouth open, showing the tongue.
- 9. Mouth open, showing the tongue.
- 10. Mouth open, showing the tongue.
- 11. Mouth open, showing the tongue.
- 12. Mouth open, showing the tongue.
- 13. Mouth open, showing the tongue.
- 14. Mouth open, showing the tongue.
- 15. Mouth open, showing the tongue.

DATE REFILLED

DATE FIED OUT w/NO REFILL

**COFFEE COUNTY (ALA.) JAIL  
PATIENT RECORD**

Name C. W. Jackson Date 8-10-05 Time 1430 AM

Address \_\_\_\_\_ Age \_\_\_\_\_ Sex Male

☒ County Prisoner ☐ State Prisoner ☐ Other \_\_\_\_\_

Complaint: Dental App.

History of Complaint: \_\_\_\_\_

Doctor Impression: \_\_\_\_\_ Treatment: \_\_\_\_\_

H. Tamm  
Doctor Signature

5 X-ray  
10 Am



**COFFEE COUNTY JAIL**  
**BEN MOATES, SHERIFF**  
**ZACK ENNIS, ADMINISTRATOR**  
phone: 334-894-5535  
fax: 334-804-6231

**MEDICAL TRANSPORT SHEET**

Date: 8/10/05

Name of Inmate: C.W. JACKSON

Reason for Medical Care: DENTIST APPT.

Transported From: COFFEE COUNTY JAIL

Transported To: DR. FARRIS

Time of Transport: 1430

Transporting Officer: D. Copen

**Inmate Classification (Check One)**

Federal ☐

State ☐

County ☒

(City) Enterprise ☐ Elba ☐ New Brockton ☐ Kinston

\*This form to be completed for each inmate receiving any medical treatment

Copen

ACR559

ALABAMA JUDICIAL DATA CENTER  
COFFEE COUNTY  
TRANSCRIPT OF RECORD  
CONVICTION REPORT

CC 2005 000557.13 01  
ROBERT W BARR

CIRCUIT COURT OF COFFEE COUNTY		COURT ORI: 019005 J	
STATE OF ALABAMA	VE.	CC NO: 01 2005 000557.13	
JACKSON C W	ALIAS:	SEX:	
1914 PETTY CIRCLE	ALIAS:	SEN:	420805677
ENTERPRISE AL 36330		SID:	000800000
		AIS:	158888
DOB: 09/08/1953 SEX: M HT: 5 11 WT: 170 HAIR: BLK EYE: BRO			
RACE: ( ) W (X) B ( ) O COMPLEXION: AGE: FEATURES:			
DATE OFFENSE: 09/12/2004 ARREST DATE: 06/13/2005 ARREST ORI: 0150200			
CHARGES & CONV	CITES	CL COURT ACTION	DA DATE
BURGLARY 3RD DEGREE	12A-007-007	0: C GUILTY PLEA	09/01/2005
		00	00/00/0000
		00	00/00/0000
JUDGE: ROBERT W BARR		PROSECUTOR: ANDERSON THOMAS TREUTLEN	
PROBATION APPLIED	GRANTED	DATE	REARRESTED DATE
(X)Y ( )N	09012005	( )Y ( )N	( )Y ( )N
15-18-B. CODE OF ALA 1975	IMPOSED	SUSPENDED	TOTAL
(X)Y ( )N CONFINEMENT:	03 00 000	12 00 000	15 00 000
PROBATION:	03 00 000		03 00 000
DATE SENTENCED: 09/01/2005	SENTENCE BEGINS: 09/01/2005		
PROVISIONS	COSTS/RESTITUTION	DUE	ORDERED
RESTITUTION		\$1064.31	\$1064.31
CONCOURS SENT	ATTORNEY FEE	\$0.00	\$0.00
HABITUAL OFFR	CRIME VICTIMS	\$50.00	\$50.00
SPLIT SENTENC	COST	\$509.00	\$509.00
000/SAPP FGM	FINE	\$0.00	\$0.00
	MUNICIPAL FEES	\$0.00	\$0.00
	DRUG FEES	\$0.00	\$0.00
	ADULT DEFENDANT	\$0.00	\$0.00
	CA FEES	\$0.00	\$0.00
	COLLECTION ACCT	\$0.00	\$0.00
	JAIL FEES	\$0.00	\$0.00
	TOTAL	\$1423.31	\$1423.31
APPEAL DATE	SUSPENDED	AFFIRMED	REARREST
( )Y ( )N	( )Y ( )N	( )Y ( )N	( )Y ( )N
REMARKS:	THIS IS TO CERTIFY THAT THE ABOVE INFORMATION WAS EXTRACTED FROM OFFICIAL COURT RECORDS AND IS TRUE AND CORRECT.		
COPY OF ORDER ATTACHED			
<p><i>original signed</i></p> <p>JAMES M. COOPER</p> <p>09/13/2005</p>			

OPERATOR: DEC  
PREPARED: 09/13/2005

*radh*

IN THE CIRCUIT COURT OF COFFEE COUNTY, ALABAMA

ENTERPRISE DIVISION

STATE OF ALABAMA,

PLAINTIFF,

VS.

C. W. JACKSON,

DEFENDANT.

\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*

CASE NO.: CC 2005-357

**SENTENCE ORDER**

Defendant, C. W. Jackson, appeared before the Court and was represented by Joe Sawyer, Attorney at Law. The State was represented by Tom Anderson, Assistant District Attorney, State of Alabama.

At Defendant's request, the Defendant was allowed to withdraw Defendant's earlier plea and to be re-arraigned.

On arraignment, Defendant entered a plea of **GUILTY** to Burglary Third Degree in violation of Title 13A-7-7 of the Code of Alabama, 1975, as charged in the indictment.

The Court conducted a colloquy with the Defendant and did ascertain that the Defendant made a knowledgeable, intelligent, and a voluntary plea and that a factual basis exists sufficient to substantiate said plea.

Defendant is pronounced and declared **GUILTY** of Burglary Third Degree, in violation of Title 13A-7-7 of the Code of Alabama, 1975, against the peace and dignity of the State of Alabama.

Defendant was then:



- (1) Afforded an opportunity to make a statement in Defendant's own behalf before sentencing and was further asked if Defendant had anything to say as to why the sentence of the law should not be imposed;
- (2) Given an opportunity to present evidence as to any matter probative in the issue of sentence and/or facts in mitigation of any penalty that is to be imposed.

The State was then afforded an opportunity to present evidence as to any matter probative to the issue of sentence and/or facts in aggravation or mitigation of any penalty that is to be imposed.

The State offered evidence pursuant to the Habitual Felony Offender Act that the Defendant has four (4) proper prior felony convictions and upon offer of evidence this Court finds that the Defendant has been previously convicted of the following proper prior felony conviction: (1) and (2) Case Number CC 90-10, Circuit Court of Geneva County, Alabama, two (2) counts of Robbery Third Degree, date of sentence: March 8, 1990; (3) and (4) Case Number CC 1990-11, Circuit Court of Geneva County, Alabama, Burglary Third Degree and Theft Second Degree, date of sentence, March 8, 1990.

After considering the arguments of the parties and any evidence presented,

IT IS ORDERED that for Defendant's conviction of Burglary Third Degree, C. W. Jackson is hereby sentenced to serve fifteen (15) years in the Penitentiary, State of Alabama.

The Defendant's sentence is suspended and the Defendant is placed on SUPERVISED PROBATION for a period of three (3) years; however, as a first condition of probation, the Defendant shall serve a period of three (3) years in the custody of the Commissioner of the Department of Corrections. While the Defendant is incarcerated he shall be placed in and shall complete an alcohol rehabilitation program or a substance abuse program.

The sentence imposed herein shall run CONCURRENT with any other sentence the Defendant is presently serving.

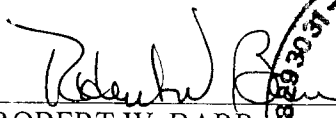
The Defendant is given credit for any time the Defendant has already served while awaiting trial and/or disposition in this case. The Defendant is given credit for time served.

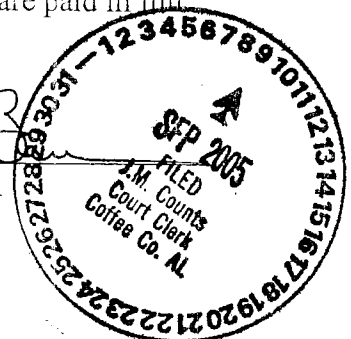
As an additional part of Defendant's sentence, the Defendant is hereby **ORDERED** to pay to the Circuit Clerk of this Court the costs of Court, the Defendant is **ORDERED** to pay \$50.00 to the Clerk of the Court, which sum is to be distributed by the Clerk to the Alabama Crime Victims Compensation and is **ORDERED** to reimburse the State for any attorney fees the State is caused to pay out due to the Defendant's representation herein. The Defendant is **ORDERED** to pay to the Clerk of the Court restitution in the amount of \$1,064.31 which shall be made payable to Best Yet Foods.

The payment of the above is to be made in the heretofore-listed order and is to be made a condition of probation, parole, or other early release. If the Defendant fails to make any monthly payment within ten (10) days of the date due, then the entire unpaid balance immediately becomes due and payable.

Should the Defendant have any income while incarcerated in an Alabama Penitentiary or Correctional Facility, the Alabama Department of Corrections is **ORDERED** to pay twenty-five percent (25%) of Defendants said funds (which funds of the Defendant the Department may come into possession of) to the Clerk of the Court, Enterprise Division, Coffee County, Alabama, as is allowed by law and said Department is **ORDERED** to pay same to the Clerk of the Court until such time as all restitution, costs, and above ordered fees are paid in full.

This the 1st day of September 2005.

  
ROBERT W. BARR  
Circuit Judge



cc: DA  
D  
Stu  
cc  
PP  
+ Zack

State of Alabama Unified Judicial System  Form CR-52(front) Rev. 8/11/2000	<b>EXPLANATION OF RIGHTS AND          PLEA OF GUILTY</b> (Habitual Felony Offender - Circuit or District Court)	Case Number <b>00-03-357</b>  <input type="checkbox"/> Count _____ (count #, if applicable)
---	--	---

IN THE Circuit Court COURT OF Coffee, ALABAMA  
 (Circuit or District) (Name of County)  
 STATE OF ALABAMA v. C. W. Jackson  
 Defendant

TO THE ABOVE-NAMED DEFENDANT: The Court, having been informed that you wish to enter a plea of guilty in this case, hereby informs you of your rights as a criminal defendant.

**PENALTIES APPLICABLE TO YOUR CASE**

You are charged with the crime of Burglary 3rd, which is Class C Felony. The Court has been informed that you desire to enter a plea of guilty to ☒ this offense or ☐ to the crime of \_\_\_\_\_ which is a \_\_\_\_\_ Felony. The sentencing range of the above crime(s) is set out below:

FELONY	
<b>Class A</b>	Not less than ten (10) years and not more than ninety-nine (99) years imprisonment or life imprisonment in the state penitentiary, including hard labor and may include a fine not to exceed \$20,000.
<b>Class B</b>	Not less than two (2) years and not more than twenty (20) years imprisonment in the state penitentiary, including hard labor and may include a fine not to exceed \$10,000. For imprisonment not more than 3 years, confinement may be in county jail and sentence may include hard labor for county.
<b>Class C</b>	Not less than one (1) year and one (1) day and not more than ten (10) years imprisonment in the state penitentiary, including hard labor and may include a fine not to exceed \$5,000. For imprisonment not more than 3 years, confinement may be in county jail and sentence may include hard labor.

You will also be ordered to pay the costs of court, which may include the fees of any appointed attorney, and restitution if there is any. You will also be ordered to pay an additional monetary penalty for the use and benefit of the Alabama Crime Victims Compensation Commission of not less than \$50 and not more than \$10,000 for each felony for which you are convicted.

As a reported habitual offender, you are further advised that the Alabama Habitual Offender Act Section 13A-5-9 Ala. Code 1975, as amended by Act 2000-759, provides the following enhanced punishment for anyone who has been previously convicted of one or more felonies and who then is convicted of a subsequent felony:

Prior Felonies This offense →	No Prior Felonies	One Prior Felony	Two Prior Felonies	Three + Prior Felonies
Class C Felony	1 Yr. & 1 Day - 10 Years In State Penitentiary Fine Up To \$5,000	2 - 20 Years In State Penitentiary Fine Up To \$10,000	10 - 99 Years In State Penitentiary Fine Up To \$20,000	15 - 99 Years or Life In State Penitentiary Fine Up To \$20,000
Class BE Felony	2 - 20 Years In State Penitentiary Fine Up To \$10,000	10 - 99 Years or Life In State Penitentiary Fine Up To \$20,000	15 - 99 Years or Life In State Penitentiary Fine Up To \$20,000	Mandatory Life Imprisonment or any term of not less than 20 years Fine Up To \$20,000
Class A Felony (No Prior convictions for a Class A Felony)	19 - 99 Years or Life In State Penitentiary Fine Up To \$20,000	15 - 19 Years or Life In State Penitentiary Fine Up To \$20,000	Life Imprisonment or Any Term Of Years Not Less Than 99 Fine Up To \$20,000	Mandatory Imprisonment For Life or Life Imprisonment Without Possibility of Parole Fine Up To \$20,000
Class A Felony (One or more prior convictions for any Class A Felony)	10 - 19 Years or Life In State Penitentiary Fine Up To \$20,000	15 - 19 Years or Life In State Penitentiary Fine Up To \$20,000	Life Imprisonment or Any Term Of Years Not Less Than 99 Fine Up To \$20,000	Mandatory Imprisonment For Life Without Possibility of Parole Fine Up To \$20,000

This crime is also subject to the following enhancements or additional penalties as provided by law: (Provisions Checked Apply To Your Case)

☐ **Enhanced Punishment For Use of Firearm Or Deadly Weapon:** Section 13A-5-6, Ala. Code 1975, provides for sentence enhancement where a "firearm or deadly weapon was used or attempted to be used in the commission of a felony." This section provides for the following punishment in such even: For the commission of a Class A Felony, a term of imprisonment of not less than 20 years; for the commission of a Class B or Class C Felony, a term of imprisonment of not less than 10 years:

☐ **Enhanced Punishment For Drug Sale Near School:** Section 13A-12-250, Ala. Code 1975, provides that any person who is convicted of unlawfully selling any controlled substance within a three (3) mile radius of a public or private school, college, university or other educational institution, must be punished by an additional penalty of five years imprisonment in a state correctional facility for each violation. This period of imprisonment is mandatory and the punishment imposed shall not be suspended or probation granted.

☐ **Enhanced Punishment For Drug Sale Near Housing Project:** Section 13A-12-270, Ala. Code 1975, provides that any person who is convicted of unlawfully selling any controlled substance within a three (3) mile radius of a public housing project owned by a housing authority must be punished by an additional penalty of five years' imprisonment in a state correctional facility for each violation. This period of imprisonment is mandatory and the punishment imposed shall not be suspended or probation granted.

☐ **Enhanced Punishment For Sales Of Controlled Substance To Anyone Under 18:** Section 113A-12-215, Ala. Code 1975, provides that anyone convicted of selling, furnishing, or giving away a controlled substance to one who has not yet attained the age of 18 years, shall be guilty of a Class A Felony and the punishment imposed shall not be suspended or probation granted.

☐ **Drug Demand Reduction Assessment Act and Loss of Driving Privileges:** Section 13A-12-281, Ala. Code 1975, provides that, if your are convicted of a violation of §13A-12-202 (criminal solicitation to commit controlled substance crime), 13A-12-203 (attempt to commit a controlled substance crime), 13A-12-204 (criminal conspiracy), 13A-12-211 (unlawful distribution of a controlled substance), 13A-12-212 (unlawful possession or receipt of a controlled substance), 13A-12-213 (unlawful possession of marijuana, 1st), 13A-12-215 (sale, furnishing, etc., of controlled substance by person over age

Original - Court File

Copy - Defendant

Copy - District Attorney

Copy - Defense Attorney

STATE OF ALABAMA  
PLAINTIFF  
VS.

**C. W. JACKSON**  
DEFENDANT

IN THE CIRCUIT COURT OF  
COFFEE COUNTY, ALABAMA  
ENTERPRISE DIVISION

## SETTLEMENT AGREEMENT

CASE NO: CC 2005-B-357

After discussion and negotiation between counsel for the defendant, defendant and the prosecution, it is agreed, subject to acceptance by the Court, that:

1. The defendant will enter a plea of guilty to the charge(s) of:  
BURGLARY 3RD DEGREE

2. The prosecutor will recommend, and the defendant agrees to accept a sentence of:

IF ACCEPTED BY PLEA DATE: Fifteen (15) years in the state penitentiary executed.

3 prob  
Demand Reduction Assessment, \$ \_\_\_\_\_ Dept Forensic Sciences Fine, \_\_\_\_\_ months loss of driver's license, \_\_\_\_\_ CRO/SAP, \$ \_\_\_\_\_ FINE

3. Whether sentence is Suspended? Split? Probation?

Decided what - concurrent with any sentence already imposed in  
4. If probation is part of the agreement, Defendant will carry out all GENERAL conditions of probation. As a SPECIAL condition of probation, Defendant will pay court ordered monies at the rate of \$ \_\_\_\_\_ per \_\_\_\_\_ until court ordered monies are paid in full.

5. Defendant will pay RESTITUTION in the amount of \$ 1,064.31 to the Clerk of Court for distribution to Best Yet Foods

6. Defendant shall be ordered: to pay COSTS of court in each case; an assessment to the Crime Victim's Compensation Commission of \$ 50.00 AND defendant will ( ) not be required to reimburse the State of Alabama for indigent attorney's fees.

7. Defendant affirmatively states Defendant reserves no issues for appeal. As a basis of this Settlement Agreement, Defendant waives/gives up any right of appeal in the aboved styled cause. Defendant acknowledges he is aware he has a right to demand a Pre-Sentence Report before Sentencing. Defendant expressly waives/gives up his right to demand a Pre-Sentence Report of Investigation before sentencing.

8. Defendant shall receive credit for time spent in custody while awaiting trial and/or disposition in this/these case(s).  
CREDIT FOR TIME SERVED WHILE AWAITING DISPOSITION OF THESE CASES.

9. No other terms or conditions related to judgment and sentence in this/these case(s) are agreed on or contemplated by the defendant or the prosecutor. The parties stipulate Defendant has 7 proper, prior felony conviction(s) which are to be used for enhancement of sentence.

Date

Signature of Defendant

Signature of Defendant's Counsel

Signature of Prosecutor

Having reviewed the settlement agreement entered into by the defendant and the prosecutor, the Court hereby:

- ☒ Accepts the Settlement Agreement and incorporates same in the judgment and sentence.  
☐ Rejects the Settlement Agreement and modifies the terms as follows:

Date

Judge

ALABAMA DEPARTMENT OF CORRECTIONS  
INMATE SUMMARY AS OF 10/05/2005INST: 316  
CLOS: 01000

C0R716-B

\*\*\*\*\*FROM ALABAMA DEPARTMENT OF CORRECTIONS TO ALABAMA DEPARTMENT OF CORRECTIONS \*\*\*\*\*

AIS: 001583045 INMATE: JACKSON, C W FACI: 5 SEX: M  
 INST: 316 - COFFEE DOPM: 00 JAIL CR: 000Y 114 120  
 DOB: 09/03/1953 SSN: 420-80-5677 PREVIOUS AIS: 00120545  
 ALIAS: COWS, JEROME W ALIAS: COWS, WILLIAMS  
 ALIAS: JACKSON, BO BO ALIAS: JACKSON, BOBO  
 ALIAS: JACKSON, C.W. ALIAS: JACKSON, W C  
 ADM DT: 09/01/2005 BEAD TIME: 000Y 00M 00D  
 ADM TYP: NEW COMMITMENT - SPLIT SENTENC STAT: NEW COMMITMENT - SPLIT SENTENC  
 CURRENT CUST: OTW-5 CURRENT CUST DT: 09/01/2005 PAROLE REVIEW DATE: - NONE -  
 SECURITY LEVEL: NO CLASSIFICATION RECORD FOUND  
 SERVING UNDER ACT446 LAW IN CLASS IV CURRENT CLASS DATE: 09/01/2005  
 INMATE IS EARNING : STRAIGHT TIME

COUNTY	SENT DT	CASE NO	CRIME	JL-CR	TERM
COFFEE	09/01/05	N05000357	BURGLARY III	00420	000Y 00M 00D 05
3YRS PROBATION					
COURT COSTS		: \$0000309	FINES	: \$0000000	RESTITUTION : \$0001114

TOTAL TERM	MIN REL DT	GOOD TIME BAL	GOOD TIME REV	LONG DATE
000Y 00M 00D	09/18/2007	000Y 00M 00D	000Y 00M 00D	09/18/2007

INMATE LITERAL: SAP

\*\*\*\*\*FROM ALABAMA DEPARTMENT OF CORRECTIONS TO ALABAMA DEPARTMENT OF CORRECTIONS \*\*\*\*\*

## DETAINDER WARRANTS SUMMARY

INMATE CURRENTLY HAS NO DETAINDER WARRANT RECORDS

\*\*\*\*\*FROM ALABAMA DEPARTMENT OF CORRECTIONS TO ALABAMA DEPARTMENT OF CORRECTIONS \*\*\*\*\*

## ESCAPEE-PAROLE SUMMARY

INMATE CONVICTED ON 05/15/1990 FOR ESCAPE I

PAROLED FRM 040:10/11/93 RVK:00/00/00 DELQ:12/12/94 RECAP:00/00/00 OTW:00/00/00

INMATE CURRENTLY HAS NO PROBATION 754 RECORDS

INMATE HAS NO ESCAPES FROM ADCC SINCE DBSCIS RECORDING 6

\*\*\*\*\*FROM ALABAMA DEPARTMENT OF CORRECTIONS TO ALABAMA DEPARTMENT OF CORRECTIONS \*\*\*\*\*

## DISCIPLINARY/CITATION SUMMARY

INMATE CURRENTLY HAS NO DISCIPLINARY/CITATION RECORDS

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ALASKA DEPARTMENT OF CORRECTIONS          10:17:  10
COR 716-3          INMATE SUMMARY AS OF 12/17/93          0107: 0103,
FEDERAL BUREAU OF INVESTIGATION          12/17/93 10:17:  10
AIS: 0015-8346          INMATE: JACKSON, C W          10:17:  10  SEX: M
INST: 216 - COFFEE          10:17:  10  JAIL C: 1  Y 114 152
DOB: 09/09/1953          SSN: 428-90-5677          PREVIOUS AIS: 0112-8465
ALIAS: COWS, JEFFREY W          ALIAS: COWS, WILLIAM W
ALIAS: JACKSON, BO BO          ALIAS: JACKSON, TONY
ALIAS: JACKSON, C.W.          ALIAS: JACKSON, V C
ADN DT: 09/01/2005  DEAD TIME: 100Y 00M 00D
ADN TYP: NEW COMMITMENT - SPLIT SENTENC          STAT: NEW COMMITMENT - SPLIT SENTENC
CURRENT CUST: DTW-5          CURRENT CUST DT: 09/01/2005  PAROLE REVIEW DATE: - ADD -
SECURITY LEVEL: NO CLASSIFICATION RECORD FOUND
SERVING UNDER ACT446 LAW IN CLASS 1V          CURRENT CLASS DATE: 10/01/2005
INMATE IS EARNING : STRAIGHT TIME
COUNTY          SENT DT  CASE NO  CRIME          CL-OR          TERM
COFFEE          09/01/05  NC3500357  BURGLARY III          13420 00BY 60M 00D 00
BYRS PROBATION
ATTORNEY FEES : $000000          HABITUAL OFFENDER : Y
COURT COSTS : $0000309          FINES : $000000          RESTITUTION : $0001114
TOTAL TERM          MIN AFL DT          GOOD TIME BAL          GOOD TIME ACV          LONG CAT
00BY 00M 00D          09/18/2007          00Y 00M 00D          00Y 00M 00D          09/18/2007
INMATE LITERAL: GAP
DETAINEE WARRANTS SUMMARY
INMATE CURRENTLY HAS NO DETAINEE WARRANT RECORDS
ESCAPEE-PAROLE SUMMARY
INMATE CONVICTED ON 08/15/1990 FOR ESCAP 1
PAROLED FRM 040:10/11/93 RVK:00/00/00 OFLO:12/10/94 ESCAP:01/01/00 RTH:00/00/00
INMATE CURRENTLY HAS NO PROBATION 754 RECORDS
INMATE HAS NO ESCAPES FROM ADDC SINCE 0000IS RECORDING
DISCIPLINARY/CITATION SUMMARY
INMATE CURRENTLY HAS NO DISCIPLINARY/CITATION RECORDS

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Coffee County Jail  
Ben Moates, Sheriff  
Zack Ennis, Administrator

## INTAKE SHEET

Date: 10/29/05Time: 11:25Status: ST      FED      CITY      COUNTY      COFFEE CO: Ent Div / Elba DivName: JACKSON C.W.      SS#: 420-80-5677  
Last First MiddleAddress: 131 PETTY CIRCLE ENTERPRISE AL 36330  
Street City State Zip CodeDOB: 09/10/1953 POB: COFFEE AL       
City County State CountryAge: 52 Race: B Sex: M Hair: BLK Eyes: BRN Weight: 145 Height: 5'8License or ID #:     Arresting Agency: EPD Arresting Officer: J SANDERS Location of Arrest: COFFEE CO JAILType of Arrest: Warrant X Call      View     

Offense	Mis	Fel	Bond
1-- <u>CONTEMPT OF COURT</u>			<u>500.00 CASH</u>
2--			
3--			
4--			

HOLDS:     

INTAKE SHEET NUMBER

This form completed by: J. SandersBooked by:      Searched Y/N Photo Y/N FPs Y/N Green Card Y/NComments:





Coffee County Jail  
Ben Moates, Sheriff  
Zack Ennis, Administrator

### INCIDENT REPORT

Date and time:

Nature of Incident : Fight

Place of Incident: C32

Date Occurred: 11/8/05

Time Occurred: 1640

### NARRATIVE :

<p>Around 1640 hrs C/O Lamb called and said there was a fight in C32. C/O Bryan enter C32 the fight was broke up. Inmate C.W. Jackson and Inmate Lester Moody had been fighting. C/O Bryan Locked both inmates down in there cell.</p> <p>————— End of statement —————</p>

Was an Offense Committed? yes Was an Inmate Charged? no

Name of Inmate : C.W. Jackson and Lester Moody

Signature of Reporting Employee: Michael Bryan

Name and Title of Reporting Employee (Print): Michael Bryan 2nd shift supervisor

Report Delivered To: Zack Ennis

Date: 11/8/05 Time: 1730

Signature of Supervisor Receiving Report:

Date: \_\_\_\_\_ Time: \_\_\_\_\_





Coffee County Jail  
Ben Moates, Sheriff  
Zack Ennis, Administrator

INCIDENT REPORT

Date and time:

Nature of Incident : Fight  
Place of Incident: CB2  
Date Occurred: 11/8/05  
Time Occurred: 1640

NARRATIVE :

Around 1640 hrs C/O Lamb called and said there was a fight in CB2. C/O Bryan enter CB2 the fight was broke up. Inmate C.W. Jackson and Inmate Lester Moody had been fighting. C/O Bryan Locked both inmates down in there cell.
End of statement

Was an Offense Committed? yes Was an Inmate Charged? no  
Name of Inmate : C.W. Jackson and Lester Moody  
Signature of Reporting Employee: Michael Bye  
Name and Title of Reporting Employee (Print): Michael Bryan and shift supervisor  
Report Delivered To: Zack Ennis  
Date: 11/8/05 Time: 1730  
Signature of Supervisor Receiving Report:  
Date: \_\_\_\_\_ Time: \_\_\_\_\_



**COFFEE COUNTY JAIL**  
**BEN MOATES, SHERIFF**  
**ZACK ENNIS, ADMINISTRATOR**

phone: 334-894-5535  
fax: 334-804-6231

**MEDICAL TRANSPORT SHEET**

Date: 11-9-05

Name of Inmate: C. W. Jackson

Reason for Medical Care: Dr. Appt.

Transported From: County Jail

Transported To: Dr. Cochran

Time of Transport: 0900

Transporting Officer: D. Capen

**Inmate Classification (Check One)**

Federal \_\_\_\_\_  
State \_\_\_\_\_  
County \_\_\_\_\_  
(City) Enterprise \_\_\_\_\_ Elba \_\_\_\_\_ New Brockton \_\_\_\_\_ Kinston \_\_\_\_\_

\*This form to be completed for each inmate receiving any medical treatment

COFFEE COUNTY (ALA.) JAIL  
PATIENT RECORD

Name O.W. Anderson

Date 10-2-05

Time 3:30 P.M.

Address \_\_\_\_\_

Age \_\_\_\_\_

Sex Male

☐ County Prisoner

☒ State Prisoner

☐ Other ALA

Complaint: Drone Report 4th grade, 1st 1st 1st  
1st 1st 1st 1st 1st 1st 1st 1st

History of Complaint: \_\_\_\_\_

Doctor Impression: Weak L-S strain

Treatment: ED-File 3:4

Doctor Signature W. Anderson

HENRY S. COCHRAN, M.D.

OFFICE  
1502 HIGHTOWER DRIVE  
ELBA, ALABAMA 36828

DEA NO. A01470004  
ALA. REG. NO. 7628

OFFICE PHONE  
857-8416

FOR *C.W. Jackson*

Address

*11/2/05*

R

*E.D. FLEX*

*# 30*

*Sig. 1/4 p - 1/4 p*

*[Signature]* M.D.  
PRESCRIPTION SUBSTITUTION PERMITTED

LABEL ALL RX'S

REFILL 0 *(1)* 2 3 4 5

DISPENSE AS WRITTEN

M.D.

*C.W. Jackson*

*State of Alabama Inmate*

*Faked from Coffee County Jail*

*11-4-05*

*D. Copen*

# IHS Pharmacy

Independent Health Services, Inc.  
Post Office Box 1426  
Rainsville, AL 35968

Phone: (205) 336-5104  
Fax: (205) 336-5459

## INMATE RELEASE FORM

FACILITY/FACILITY CODE: COFFEE CO JAIL (ALJCF)

PLEASE PRINT CLEARLY, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY

INMATE NAME	RELEASE DATE/DISPENSE STOP DATE
Kenneth Mc Lendon	11/23/05
C.W. Jackson	11/23/05
Roland Shaw	11/23/05

FOR INMATE RELEASE OR SIGNATURE ONLY

AUTHORIZED SIGNATURE *Mary Chids*

DATE *11/23/05*

THE INFORMATION CONTAINED IN THE FACILITY AND/OR INMATE RELEASE FORM IS FOR INFORMATION ONLY. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE SOURCE OF THE INFORMATION. PLEASE CONTACT THE SOURCE OF THE INFORMATION IF YOU HAVE ANY QUESTIONS.

NAME: C.W. Jackson	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: Eto-Flex 300/200/2	ACA STANDARD FORM 2-2133	STATE:
RX INSTRUCTIONS: 1 cap 4x a day	MEDICATION SHEET	COUNTY:
#45	CELLBLOCK 2	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
11-11	2005	0500	1 cap	C.W. Jackson	D. Williams	ITHS
11-11	2005	1200	1 cap	C.W. Jackson	Belmont	ITHS
11-11	2005	1800	1 cap	C.W. Jackson	Belmont	ITHS
11-11	2005	2200	1 cap	C.W. Jackson	Agnes	ITHS
11-12	2005	0500	1 cap	C.W. Jackson	R. Cobb	ITHS
11-12	2005	1200	1 cap	C.W. Jackson	Agnes	ITHS
11-12	2005	1800	1 cap	C.W. Jackson	Agnes	ITHS
11-12	2005	2200	1 cap	C.W. Jackson	Agnes	ITHS
11-13	2005	0500	1 cap	C.W. Jackson	Agnes	ITHS
11-13	2005	1200	1 cap	C.W. Jackson	Agnes	ITHS
11-13	2005	1800	1 cap	C.W. Jackson	Agnes	ITHS
11-13	2005	2200	1 cap	C.W. Jackson	Agnes	ITHS
11-14	2005	0500	1 cap	C.W. Jackson	Agnes	ITHS
11-14	2005	1200	1 cap	C.W. Jackson	Agnes	ITHS
11-14	2005	1800	1 cap	C.W. Jackson	Agnes	ITHS
11-14	2005	2200	1 cap	C.W. Jackson	Agnes	ITHS

DATE IN FOR REFILL \_\_\_\_\_

DATE REFILLED \_\_\_\_\_

DATE MED OUT w/NO REFILL \_\_\_\_\_

NAME: <u>C. J. Jackson</u>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <u>Ed. 1/1/05 30/20/2</u>	ACA STANDARD FORM 2-2133	STATE:
RX INSTRUCTIONS: <u>4 X daily</u>	MEDICATION SHEET	COUNTY:
<u>AKS</u>	CELLBLOCK <u>2</u>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
11-15	2005	0500	1 cap	C. J. Jackson	B. E. Jones	AKS
11-15	2005	1200	1 cap	C. J. Jackson	M. Tellez	AKS
11-15	2005	1800	1 cap	C. J. Jackson	M. Tellez	AKS
11-15	2005	2200	1 cap	C. J. Jackson	M. Tellez	AKS
11-16	2005	0500	1 cap	Refused Meds	C. J. Jackson	AKS
11-16	2005	1200	1 cap	C. J. Jackson	M. Tellez	AKS
11-16	2005	1800	1 cap	C. J. Jackson	M. Tellez	AKS
11-16	2005	2200	1 cap	C. J. Jackson	M. Tellez	AKS
11-17	2005	0500	1 cap	C. J. Jackson	M. Tellez	AKS
11-17	2005	1200	1 cap	C. J. Jackson	M. Tellez	AKS
11-17	2005	1800	1 cap	C. J. Jackson	M. Tellez	AKS
11-17	2005	2200	1 cap	C. J. Jackson	M. Tellez	AKS
11-18	2005	0500	1 cap	C. J. Jackson	M. Tellez	AKS
11-18	2005	1200	1 cap	C. J. Jackson	M. Tellez	AKS
11-18	2005	1800	1 cap	C. J. Jackson	M. Tellez	AKS
11-18	2005	2200	1 cap	C. J. Jackson	M. Tellez	AKS

DATE IN FOR REFILL

DATE REFILLED

DATE MED OUT w/NO REFILL

NAME: <i>C. Jackson</i>	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: <i>Effex 36/200/2</i>	ACA STANDARD FORM 2-2133	STATE:
R/X INSTRUCTIONS: <i>4 x daily</i>	MEDICATION SHEET	COUNTY:
<i>WKS</i>	CELLBLOCK <i>2</i>	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
<i>11/23</i>	2005	0500	<i>1000</i>	<i>C. Jackson</i>	<i>C. Jackson</i>	<i>WKS</i>
<i>11/23</i>	2005	1200	<i>1000</i>			
<i>11/23</i>	2005	1800	<i>1000</i>			
<i>11/23</i>	2005	2200	<i>1000</i>			
	2005	0500				
	2005	1200				
	2005	1800				
	2005	2200				
	2005	0500				
	2005	1200				
	2005	1800				
	2005	2200				
	2005	0500				
	2005	1200				
	2005	1800				
	2005	2200				

DATE IN FOR REFILL \_\_\_\_\_

DATE REFILLED \_\_\_\_\_

DATE MED OUT W/NO REFILL \_\_\_\_\_



NAME: C.W. Jackson	COFFEE COUNTY JAIL	FEDERAL:
MEDICATION: Effer 300mg	ACA STANDARD FORM 2-2133	STATE:
RX INSTRUCTIONS: 1 cap 4x/day	MEDICATION SHEET	COUNTY:
	CELLBLOCK 2	CITY:

DATE	YR	TIME ISSUED	AMT. ISSUED	INMATE'S SIGNATURE	ISSUING OFFICER'S SIGNATURE	MED PKG MADE BY
11-19	2005	0500	1 cap	Buttard	H. Williams	ITHS
11-19	2005	1200	1 cap	Buttard	W. W. W.	ITHS
11-19	2005	1800	1 cap	Buttard	W. W. W.	ITHS
11-19	2005	2200	1 cap	Buttard	W. W. W.	ITHS
11-20	2005	0500	1 cap	Buttard	W. W. W.	ITHS
11-20	2005	1200	1 cap	Buttard	W. W. W.	ITHS
11-20	2005	1800	1 cap	Buttard	W. W. W.	ITHS
11-20	2005	2200	1 cap	Buttard	W. W. W.	ITHS
11-21	2005	0500	1 cap	Buttard	W. W. W.	ITHS
11-21	2005	1200	1 cap	Buttard	W. W. W.	ITHS
11-21	2005	1800	1 cap	Buttard	W. W. W.	ITHS
11-21	2005	2200	1 cap	Buttard	W. W. W.	ITHS
11-22	2005	0500	1 cap	Buttard	W. W. W.	ITHS
11-22	2005	1200	1 cap	Buttard	W. W. W.	ITHS
11-22	2005	1800	1 cap	Buttard	W. W. W.	ITHS
11-22	2005	2200	1 cap	Buttard	W. W. W.	ITHS

DATE IN FOR REFILL \_\_\_\_\_ DATE REFILLED \_\_\_\_\_ DATE MED OUT w/NO REFILL \_\_\_\_\_